

Submit this document to:

Crime Victims Compensation Program
Department of Labor & Industries
Post Office Box 44520
Olympia, Washington 98504-4520

**CVCP TREATMENT
REPORT: FORM IV**

Please use this form if you are seeking authorization for treatment beyond the previously authorized 30 sessions for adults/40 sessions for children. Please note that payment of a claim is also dependent upon processing and approval of the CVCP application for benefits..

Bill Procedure Code 0125C For This Report.

Victim's Name		Cvcp Claim Number
Client's Name (if different than the victim's)		Date treatment began
Clinician's Name	Clinician's Provider Number (if known)	Number of sessions to date
Clinician's Address		Clinician's Phone Number ()
City		State Zip+4

Please review the CVCP guideline on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.

1) What were the diagnoses at treatment onset?

Axis I:
Axis II:
Axis III:
Axis IV:
Axis V/ Current GAF:
Highest GAF past Year:

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2) What are the current diagnoses (*if different from those listed above*)?

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V/ Current GAF:

Highest GAF past year:

3) Request for extended sessions (*Complete either A, B or C, whichever is applicable*)

A. Substantial progress toward treatment goals

Explain:

Please explain the proposed plan for treatment and number of sessions you are requesting. Please also list who, in addition to the victim, you expect to include in treatment sessions e.g., parent(s), significant others.

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B. Partial progress toward treatment goals

Explain:

Please explain the proposed plan for treatment and number of sessions you are requesting. Please also list who, in addition to the victim, you expect to include in treatment sessions e.g., parent(s), significant others.

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C. Little/no progress toward treatment goals

Explain:

Please explain the proposed plan for treatment and number of sessions you are requesting. Please also list who, in addition to the victim, you expect to include in treatment sessions e.g., parent(s), significant others.